

**KENTUCKY DEPARTMENT OF EDUCATION
NUTRITION AND HEALTH SERVICES**

FINANCIAL MANAGEMENT SYSTEM
(“D” Packet)

Special Milk Only Program

THE ATTACHED FORMS ARE OPTIONAL
NOT THE INFORMATION

REPORT AND CLAIM FOR REIMBURSEMENT

SECTION 1	Claim Period Covered (1) Record SFA/Agency Name/Address Below: Month Year <div></div>		Membership Lunch and/or Milk (2) <div></div> Opening Bank Balance (Reconciled) (11) \$ _____	Average Daily Attendance Lunch and/or Milk (3) <div></div> Bank Deposits (12) \$ _____	Number of Days Lunch Served (4) <div></div> Income Due (13) \$ _____	ADP Lunch (5) _____	Membership Breakfast (6) <div></div> All Expenditures (14) \$ _____	Average Daily Attendance Breakfast (7) <div></div> Unpaid Bills (15) \$ _____	Number of Days Breakfast Served (8) <div></div> Computed Cash Position (16) \$ _____	ADP Breakfast (9) Regular Needy _____	Number of Days Special Milk Served (10) <div></div> Closing Bank Balance (Reconciled) (17) \$ _____			
			Misc/Ala Carte Sales (18) <div></div>	Value of Inventory on Hand (19) <div></div>	Approved FREE Applications (20) <div></div>		Approved REDUCED PRICE Application (21) <div></div>							
SECTION 2	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)		SCHOOL BREAKFAST PROGRAM (SBP)			SPECIAL MILK PROGRAM (SMP)			AFTER SCHOOL SNACK PROGRAM					
	1. REIMBURSEMENT a. Reduced Price <div></div> ¢ \$ _____ b. Free <div></div> ¢ \$ _____ c. Paid <div></div> ¢ \$ _____ d. Total Served to Students <div></div> # of Schools		Number Served Rate Reimbursement Reduced <div></div> ¢ \$ _____ Free <div></div> ¢ \$ _____ Paid <div></div> ¢ \$ _____ # of Schools NEEDY BREAKFAST ONLY Reduced <div></div> ¢ \$ _____ Free <div></div> ¢ \$ _____ Paid <div></div> ¢ \$ _____ # of Schools TOTAL OF COLUMN \$ _____			Number Served Rate Reimbursement Free <div></div> ¢ \$ _____ Paid <div></div> ¢ \$ _____ # of Schools TOTAL OF COLUMN \$ _____			Number Served Rate Reimbursement Reduced <div></div> ¢ \$ _____ Free <div></div> ¢ \$ _____ Paid <div></div> ¢ \$ _____ # of Schools AREA ELIGIBLE SNACKS Reduced <div></div> ¢ \$ _____ Free <div></div> ¢ \$ _____ Paid <div></div> ¢ \$ _____ # of Schools TOTAL OF COLUMN \$ _____ TOTAL REIMBURSEMENT \$ _____					
	2. TOTAL OF COLUMN \$ _____													
SECTION 3	LUNCH		BREAKFAST		AFTER SCHOOL SNACK		SPECIAL MILK		MISC/ALA CARTE		TOTAL			
	1. CASH FROM DAILY SALES <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	2. FEDERAL REIMBURSEMENT RECEIVED <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
SECTION 4	3. OTHER INCOME <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	COST OF FOOD USED: a. Purchased <div></div> b. USDA Commodity <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	2. COST OF DIRECT LABOR <div></div> 3. EQUIPMENT DEPRECIATION <div></div> 4. OTHER DIRECT COST <div></div> 5. INDIRECT COST <div></div> 6. VALUE OF DONATIONS <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.							Signature of SFA Representative:		Title:		Date		Telephone Number:	

REPORT AND CLAIM FOR REIMBURSEMENT

SECTION 1	Claim Period Covered (1) Record SFA/Agency Name/Address Below: Month Year <div></div>		Membership Lunch and/or Milk (2) <div></div> Opening Bank Balance (Reconciled) (11) \$ _____	Average Daily Attendance Lunch and/or Milk (3) <div></div> Bank Deposits (12) \$ _____	Number of Days Lunch Served (4) <div></div> Income Due (13) \$ _____	ADP Lunch (5) _____	Membership Breakfast (6) <div></div> All Expenditures (14) \$ _____	Average Daily Attendance Breakfast (7) <div></div> Unpaid Bills (15) \$ _____	Number of Days Breakfast Served (8) <div></div> Computed Cash Position (16) \$ _____	ADP Breakfast (9) Regular Needy _____	Number of Days Special Milk Served (10) <div></div> Closing Bank Balance (Reconciled) (17) \$ _____			
	Reason for Correction: _____		Misc/Ala Carte Sales (18) <div></div>	Value of Inventory on Hand (19) <div></div>	Approved FREE Applications (20) <div></div>	Approved REDUCED PRICE Application (21) <div></div>								
SECTION 2	NATIONAL SCHOOL LUNCH PROGRAM (NSLP)		SCHOOL BREAKFAST PROGRAM (SBP)			SPECIAL MILK PROGRAM (SMP)			AFTER SCHOOL SNACK PROGRAM					
	1. REIMBURSEMENT		NEEDY BREAKFAST ONLY						AREA ELIGIBLE SNACKS					
	a. Reduced Price <div></div> ¢ \$ _____		Reduced <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____			Reduced <div></div> ¢ \$ _____					
	b. Free <div></div> ¢ \$ _____		Free <div></div> ¢ \$ _____			Paid <div></div> ¢ \$ _____			Free <div></div> ¢ \$ _____					
SECTION 3	c. Paid <div></div> ¢ \$ _____		Paid <div></div> ¢ \$ _____						Paid <div></div> ¢ \$ _____					
	d. Total Served to Students <div></div> # of Schools		# of Schools			# of Schools			# of Schools					
	2. TOTAL OF COLUMN \$ _____		TOTAL OF COLUMN \$ _____			TOTAL OF COLUMN \$ _____			TOTAL OF COLUMN \$ _____					
									TOTAL REIMBURSEMENT \$ _____					
SECTION 4	LUNCH		BREAKFAST		AFTER SCHOOL SNACK		SPECIAL MILK		MISC/ALA CARTE		TOTAL			
	1. CASH FROM DAILY SALES <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	2. FEDERAL REIMBURSEMENT RECEIVED <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	3. OTHER INCOME <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
SECTION 5	COST OF FOOD USED: a. Purchased <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	b. USDA Commodity <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	2. COST OF DIRECT LABOR <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	3. EQUIPMENT DEPRECIATION <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
SECTION 6	4. OTHER DIRECT COST <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	5. INDIRECT COST <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
	6. VALUE OF DONATIONS <div></div>		<div></div>		<div></div>		<div></div>		<div></div>		<div></div>			
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